



PATIENT

Vixey Marra

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

14 Years

WEIGHT

13.3 pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Alexandra Pasaturo

HOSPITAL NAME

Greater Staten Island
Veterinary Services

REFERRING VET

Dr. Alexandra Pasaturo

INVOICE

14244

DATE

03/11/26

PRESENTING CLINICAL SIGNS

- Vixey presented to GSiVS as referral for AUS. Owner reports a one week history of straining to defecate only producing thin strands of stool. Decrease appetite. Saturday Vixey was seeking owners' attention, and restless. Aprox 2 days ago they noticed straining to urinate, producing little to no urine. Owner reports on & off GI signs that started around Oct 2025. CM: Carprofen as needed for OA, and librela shots with rDVM monthly.
- rDVM reports OHE in 2024, and periodic signs of estrus since spay

Abnormal PE/Chem/CBC/UA Results: Diagnostics rDVM 3/10: CBC/Chem: plt 536 (170-400), bun 34 (6-31), creat 1.7 (0.5-1.6), PSL 210 (24-140) Urinalysis: USG 1.019 Urine culture: no growth T4: WNL Abdominal xray: two large caudal abdominal masses; the more cranial mass is deflated after catheterization, suggesting that this represents the urinary bladder. The other mass could represent malignant neoplasia (ex TCC of the trigone region or urethra), ureterocele of Gartner duct cyst. This caudal mass effect results in compression/obstruction of the urethra, and compression of descending colon. No evidence of Metastatic neoplasia with limitation of whole-body images. Not that the whole-body images are less sensitive and can miss subtle pulmonary nodules. GSiVS 3/11 iSTAT: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** in this patient presented with a dorsal partially concentric bladder mass. The bladder mass occupied the majority of the dorsal wall invading into the left ureter and into the urethra. A contiguous mass was noted in the pelvis deriving from the urethra or possibly the uterine stump or colon. The mass measured approximately 4.0+ cm. Slight free fluid was present adjacent to the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. A hyperechoic medullary rim sign was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.40 cm width. The right adrenal gland measured 0.80 cm width at the cranial pole and 0.40 cm width at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver



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The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

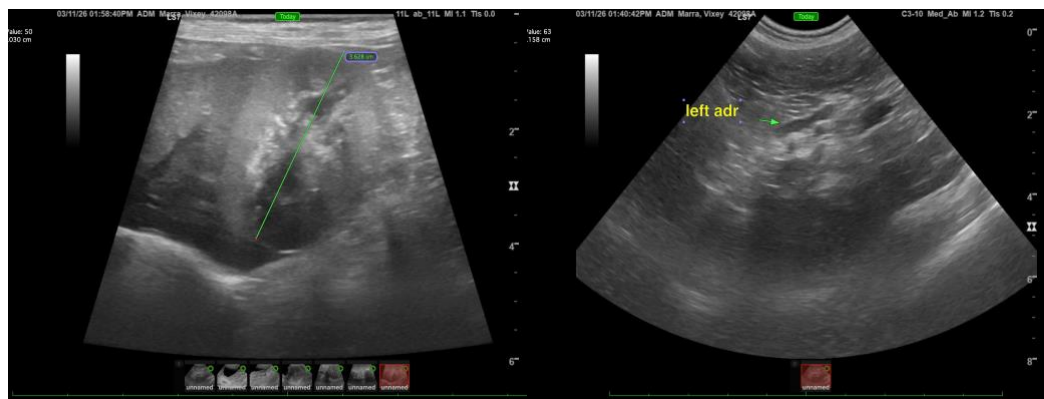
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Extensive pelvic and urinary urethral pathology consistent with carcinoma.
- Slight free fluid adjacent to the cystourethral junction.
- Age-related renal changes with medullary rim sign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Two separate neoplastic processes may be present in this patient. The pelvic mass is undifferentiated as the exact organ origin cannot be ascertained. Sampling through urethroscopy or ultrasound guided FNA and immediate stent and chemotherapeutic intervention could be considered, however, the pathology is extensive. Prognosis is poor long-term.





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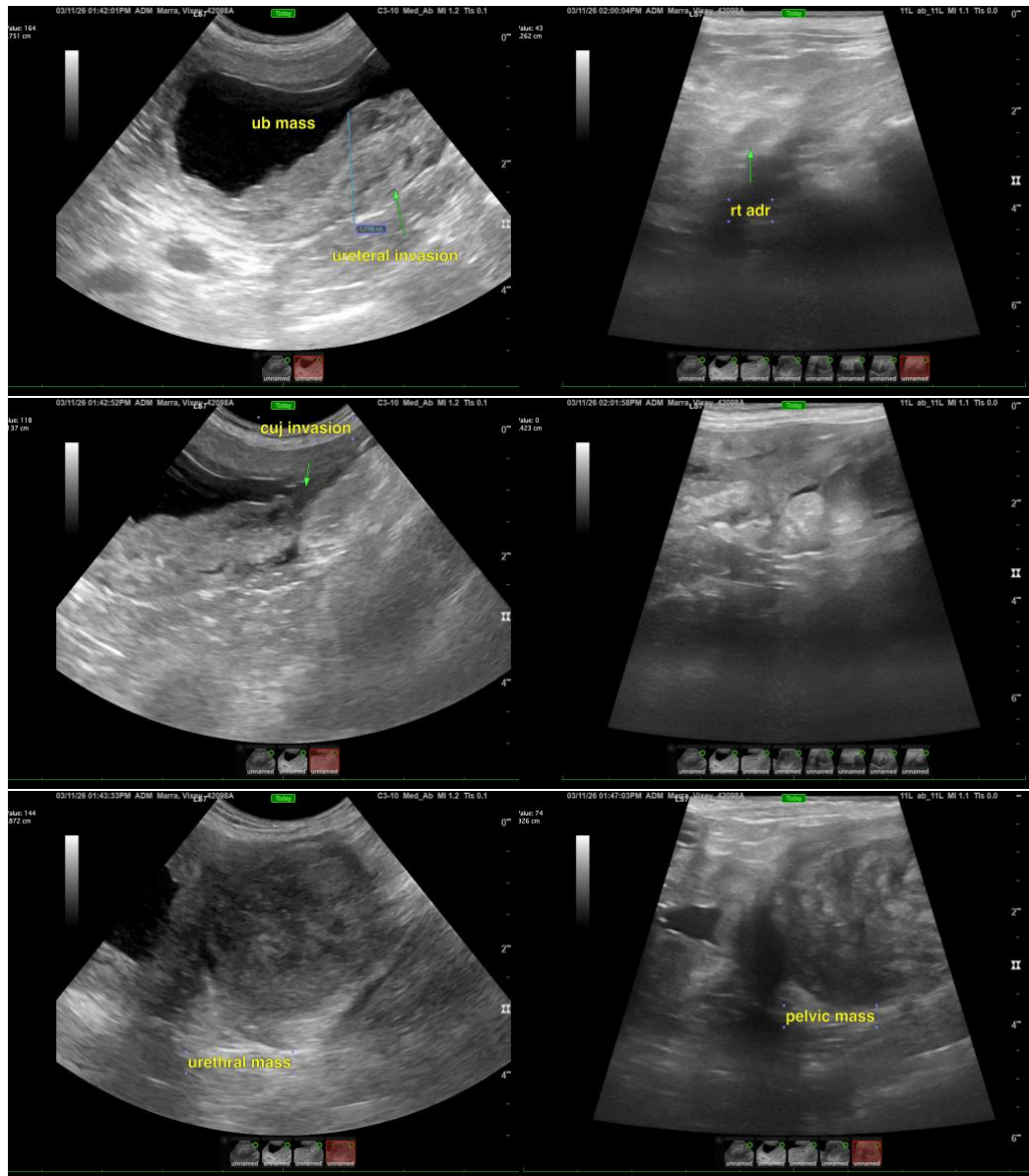
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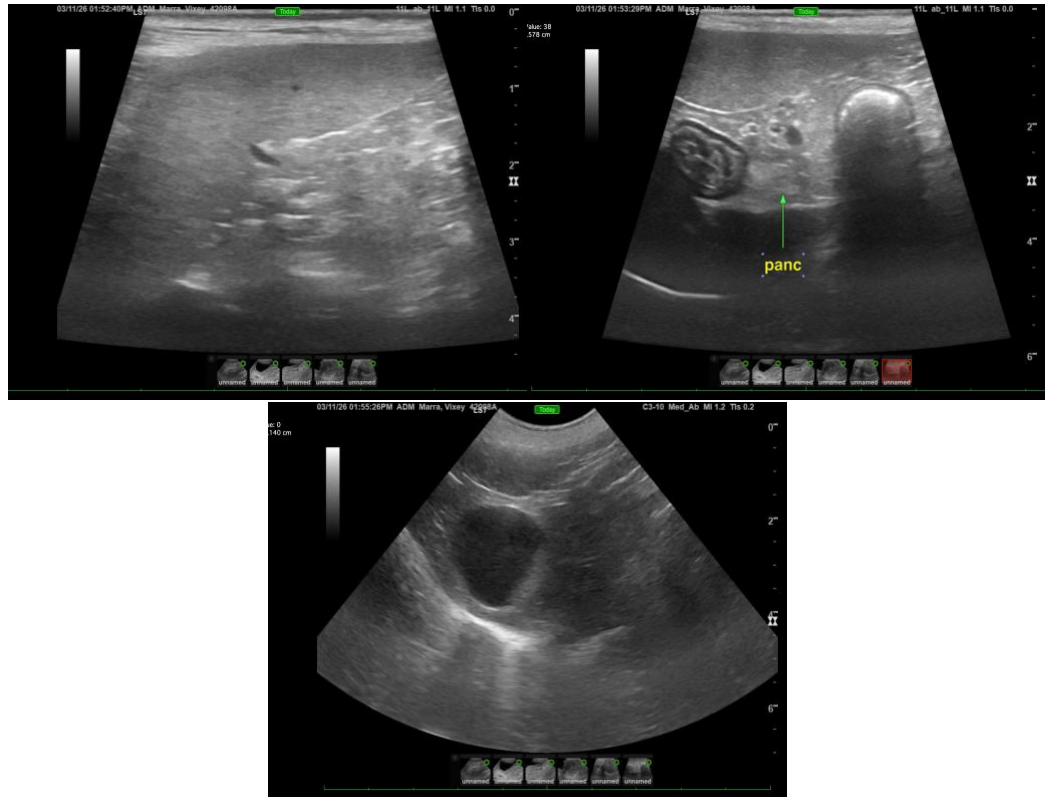
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com